MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/256,346 FILING DATE 2/24/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8		5		4		
9		2				
10						
11						
12		2		2		
13						
14		2		2		
15		1		1		
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49						
50						
TOTAL IND.	3		7			
TOTAL DEP.	19		19			
TOTAL CLAIMS	22		26			

DONE BY, S.H.

		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							